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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Charlotte Thomas *CT*
DATE: July 6, 2016
SUBJECT: Alcoholic Beverage Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for a Restaurant Beer & Wine permit (on premises only) – Change of Manager from Diane Daws 03217:

Gary M. Dillon
North Little Rock Athletic Club
3804 McCain Park Drive
North Little Rock, AR 72116

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

FILED _____ A.M. 3:32 P.M.
BY *Charlotte Thomas*
DATE *7/6/16*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *[Signature]*

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

BRIDGE-000007

APPLICANT'S NAME: GARY M. DILLON

TYPE OF APPLICATION: Restaurant Beer & Wine - Change of Manager from Diane Daws

BUSINESS NAME: NORTH LITTLE ROCK ATHLETIC CLUB

BUSINESS ADDRESS: 3804 McCain Park Drive, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/01/2016

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

SIGNATURE OF OFFICIAL: _____ DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? _____
(Yes or No)

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**

ASSIGNMENT

D6J003-D6L013

**Date Received:** 07/01/2016**Date Assigned:** 07/01/2016**Applicant:** Gary M. Dillon**D.O.B:** 04/02/1979**Green Card Number (Permanent Resident Alien):****Home Address:** 915 North Garfield #2, Little Rock, AR, 72207**Home Phone:****Business Phone :****Cell Phone:** 501-580-6241**Trade Name:** NORTH LITTLE ROCK ATHLETIC CLUB**Former Trade Name:** NORTH LITTLE ROCK ATHLETIC CLUB**Business Address :** 3804 McCain Park Drive, North Little Rock **County** Pulaski**Type Of Investigation:** Restaurant Beer & Wine - Change of Manager from Diane Daws
03217**Dancing, if requested:****Comments / Remarks :****Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____**Stockholders / Partners / LLC
Members:**

60M00000101



Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: **Diane Daws**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
03217	NORTH LITTLE ROCK ATHLETIC CLUB 3804 McCain Park Drive, North Little Rock, AR, 72116		

Home Address	Current Address	If new address change here
	20 Chalamont Way Little Rock, AR, 72223	915 N. Garfield #2 LR, AR 72207
Mailing Address	3804 MCCAIN PARK DRIVE NORTH LITTLE ROCK, AR, 72116	(SAME)
Email Address		Gary Dillon @ LRAC.COM

Please check the appropriate (Requested Change) :

- ☒ Change Of Manager
☐ Additional Stockholder(s)
☐ Additional Partner(s)

Gary M. Dillon

Please check applicable permits :

Select	Permit Description	Fee	
<input checked="" type="checkbox"/>	Restaurant Beer & Wine - On Premises Only	\$50.00	NO CASH
	Total Amount		

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

6-30-16
Date

[Signature]
Signature

2016 JUN 14 10:14 AM